

Beyond the ACE Score: Trauma Informed Care

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Learning objectives

At the conclusion of this activity, the participant should be able to:

- Recognize the most common symptoms of trauma in children
- Identify seven resilience skills that should be supported in children
- Formulate a strategy to respond to children who present with trauma symptoms:



Children we serve for have experienced a variety of adversities

Adversities can be catastrophic

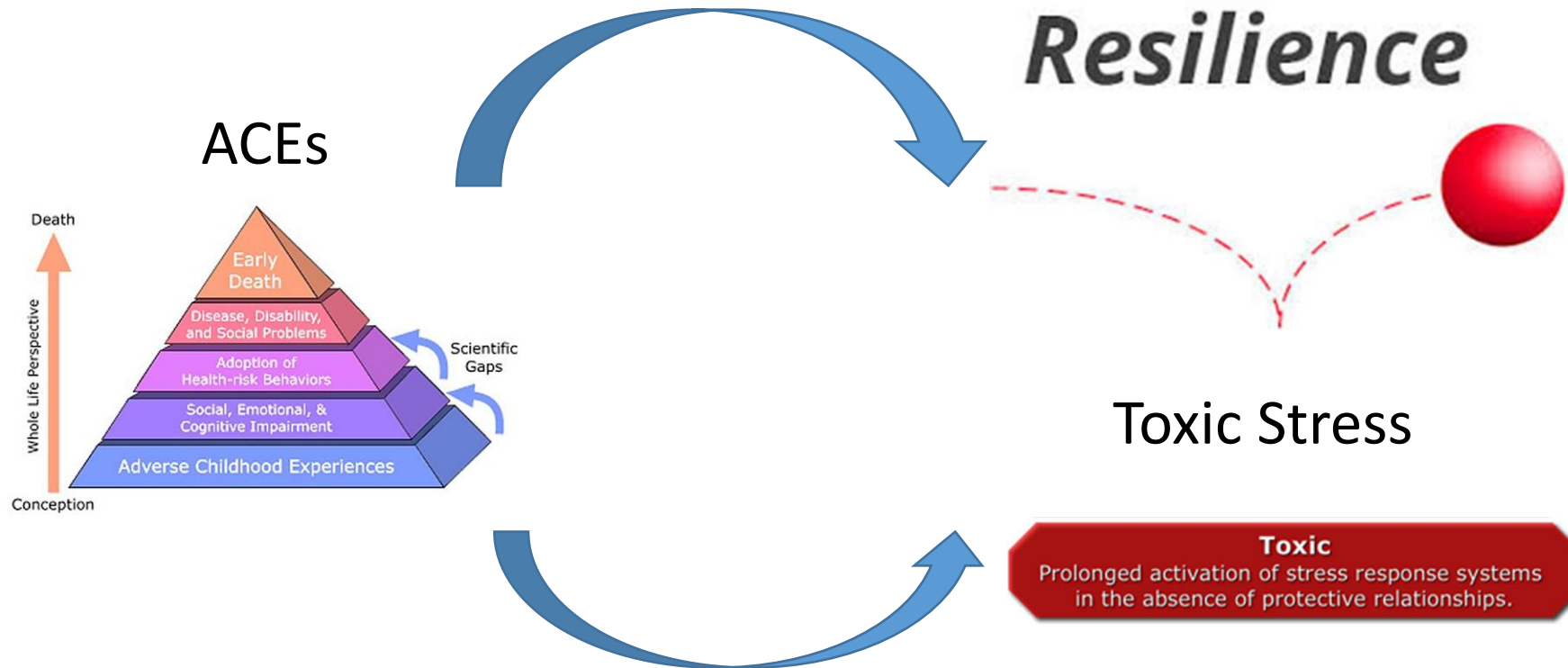


PHOTO: JOHN MOORE/GETTY IMAGES

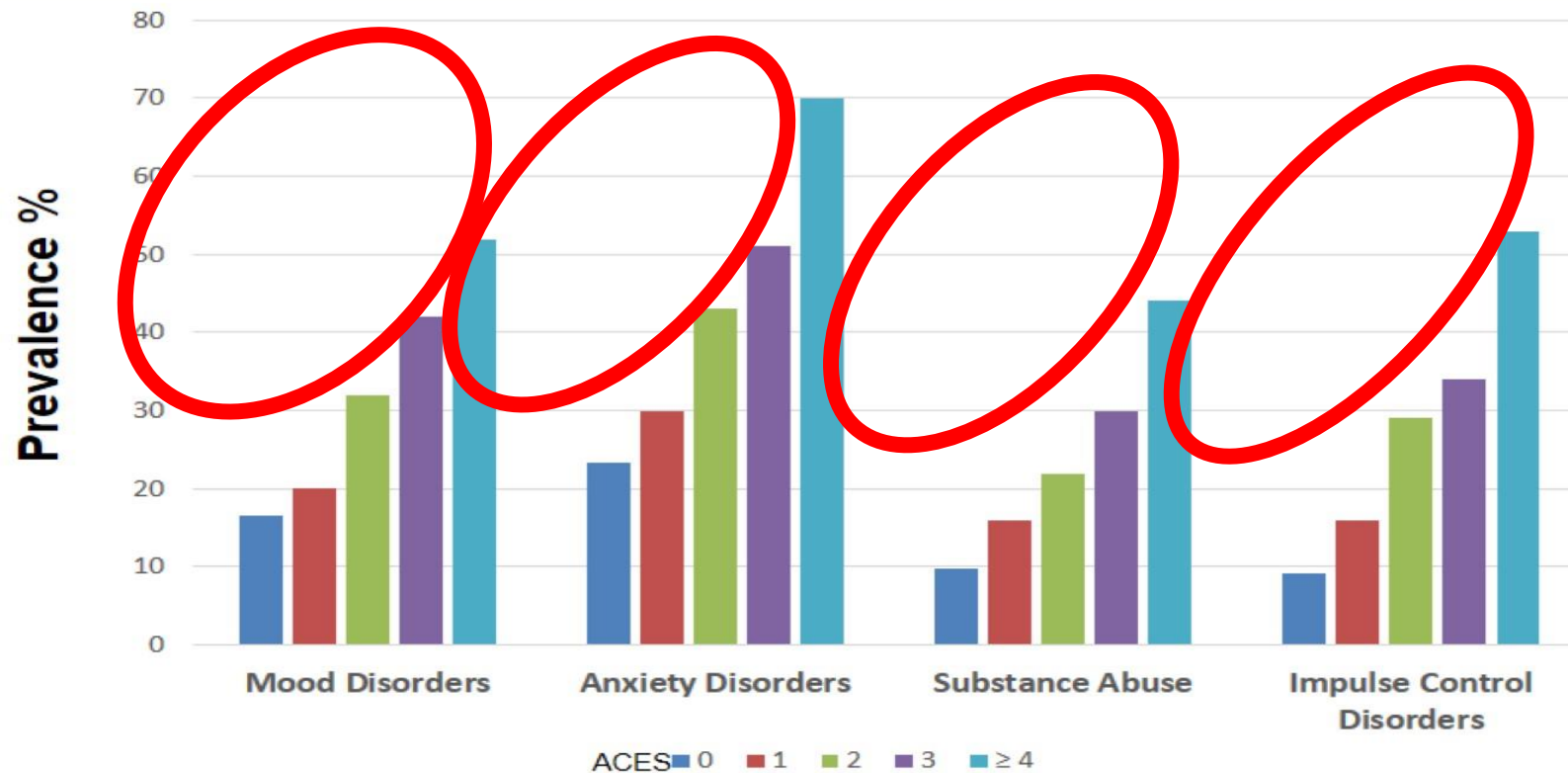


Adversities can be routine

What we still struggle to understand



Cumulative ACES & Mental Health^{1,2}

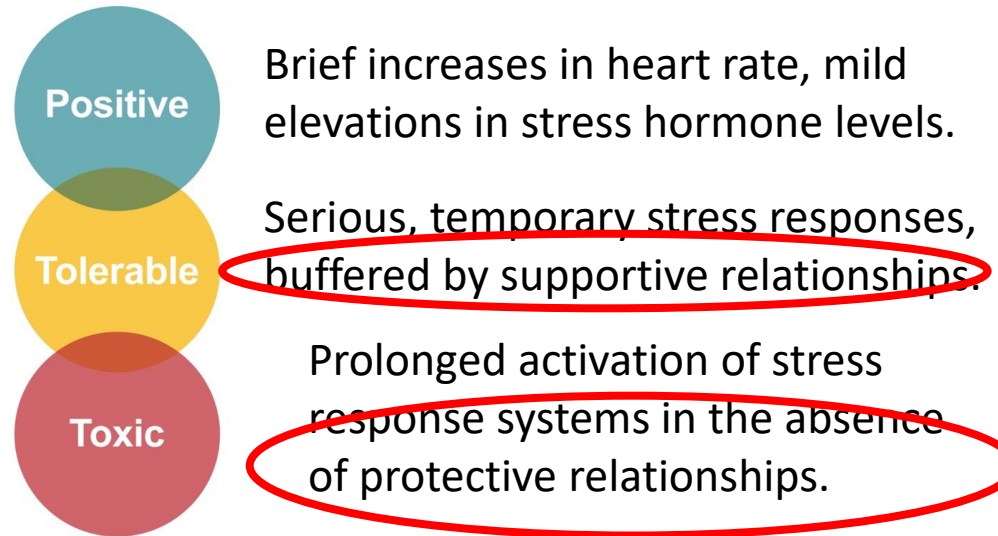


¹Data from the National Comorbidity Survey-Replication Sample (NCS-R).

²Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

Definition of Toxic Stress

Excessive or prolonged activation of stress response systems in the absence of buffering protection from adult caregivers

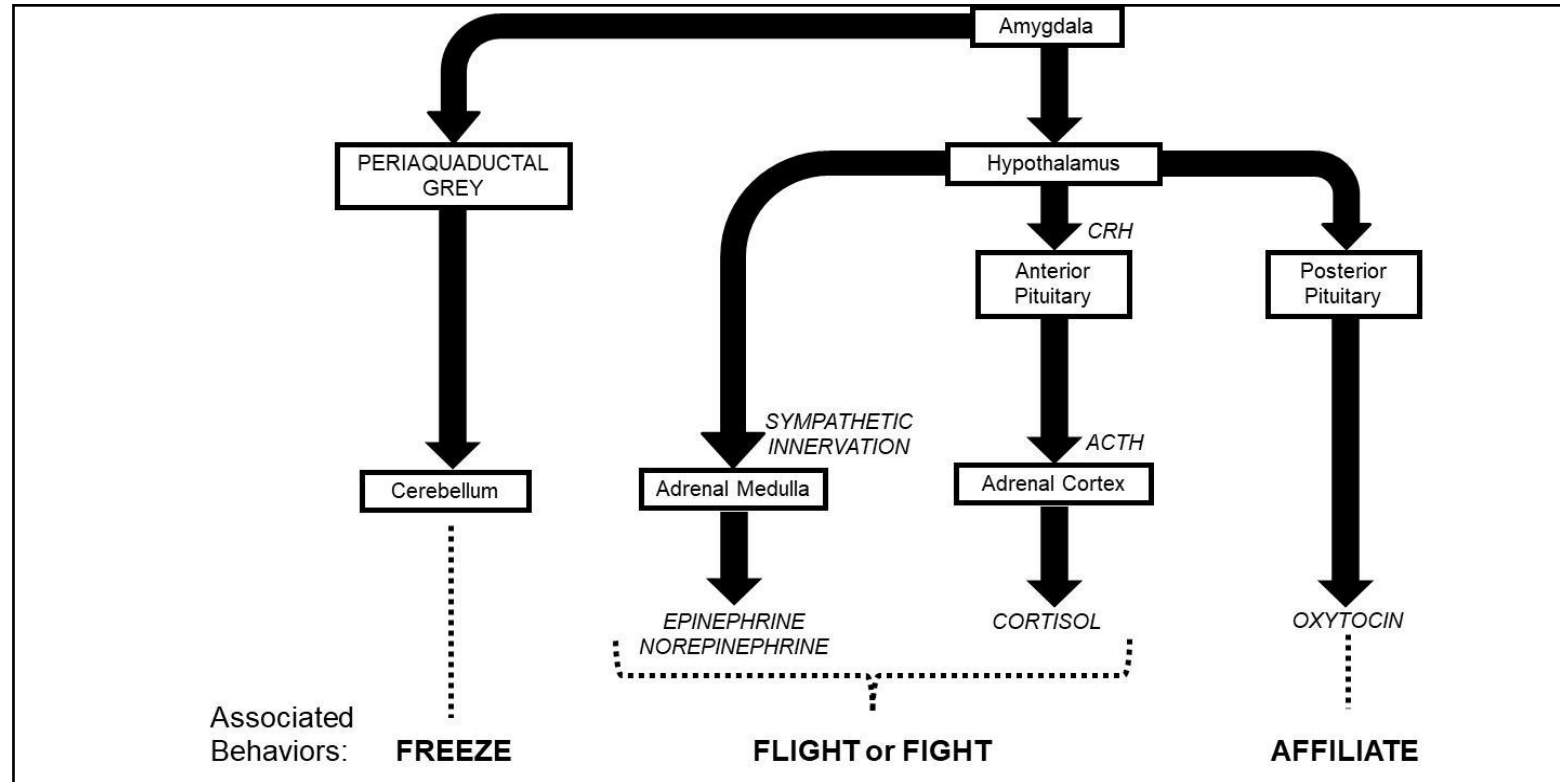


Source: Permission granted by center on the Developing Child at Harvard University. <https://developingchild.harvard.edu/>



The Context is Always Relationships, or the Attachments
Children Have

Variable responses to threat



Attachment prototype



With a secure base one can manage threat
and grow in resilience



Grow in our RESILIENCE:

- As defined by from Ann Masten, PhD.
- Resilience is a dynamic process of positive adaptation to or in spite of significant adversities; can be applied to a child, family, system or community or ecosystem.
 - For children, the pathways to resilience are **rooted in**
 - **the give and take of safe, stable and nurturing relationships that are continuous over time (attachment), and in**
 - **the growth that occurs through play, exploration and exposure to a variety of normal activities and resources**

Masten called this Resilience: Ordinary Magic

- For kids, the pathways to resilience are rooted in
 - the give and take of safe, stable and nurturing relationships that are continuous over time (attachment), and in
 - the growth that occurs through play, exploration and exposure to a variety of normal activities and resources

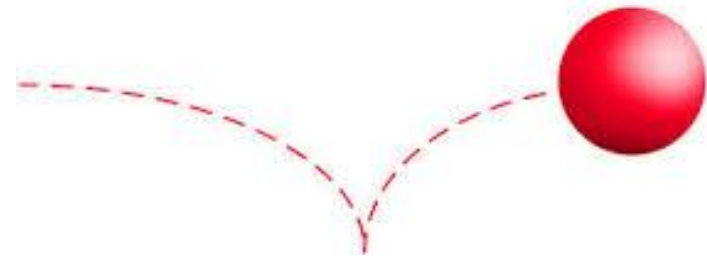
Magic trick revealed



Masten's "ordinary magic"

- Resiliency comes from:
 - Attachment relationships
 - Learning and thinking brain
 - Mastery of age salient developmental tasks
 - Self control: self regulation
 - Belief life has meaning, hope for the future
 - Self efficacy

Resilience

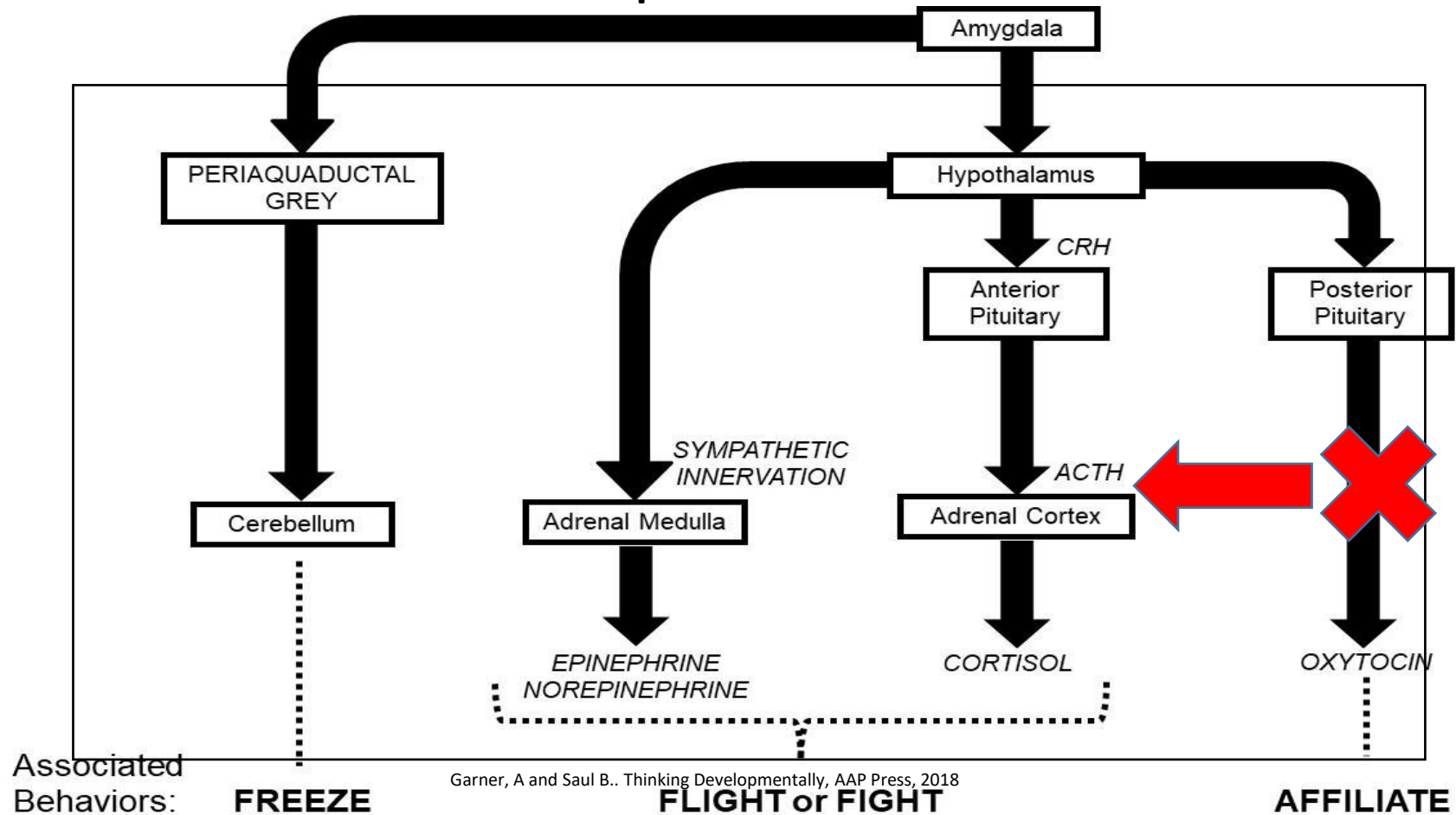


Magic of resilience achieved with THREADS

- Resiliency skills the THREADS of childhood:
 - Thinking and learning brain
 - Hope
 - Regulation or self control
 - Efficacy
 - Attachment
 - Developmental skill mastery
 - Social connectedness



Variable responses to threat



Another way to think about trauma is that it acts against all the factors that correlate with resilience

- Resiliency skills the THREADS of childhood:
 - Thinking and learning brain – **shuts down**
 - Hope –**to deal with present danger, looking ahead shut down**
 - Regulation or self control – **shuts down - need impulses to deal with threat**
 - Efficacy – **lost – reacting to situation, not controlling it**
 - Attachment – **acting alone, not available in toxic stress**
 - Developmental skill mastery – **learning shut down**
 - Social connectedness – **alone with threat**



Trauma results from being psychologically alone in unbearable pain, physiologically responding

- You are **FRAYED** (and at the end of your rope)
 - **F**its, **F**rets and **F**ear
 - **R**estricted development
 - **A**ttachment disorders
 - **Y**elling and **y**awning
 - **E**ducational delays
 - **D**efeated/**d**issociation



Lets think about the example of the child who won't sleep (after experiencing trauma?)



What you are told about is one skill that is off, suggesting that the child is FRAYED

- Without it, you are FRAYED (and at the end of your rope)
 - Fits, Frets and Fear
 - Restricted development
 - Attachment disorders
 - Yelling and yawning
 - Educational delays
 - Defeated



“Screening” vs surveillance for ACEs

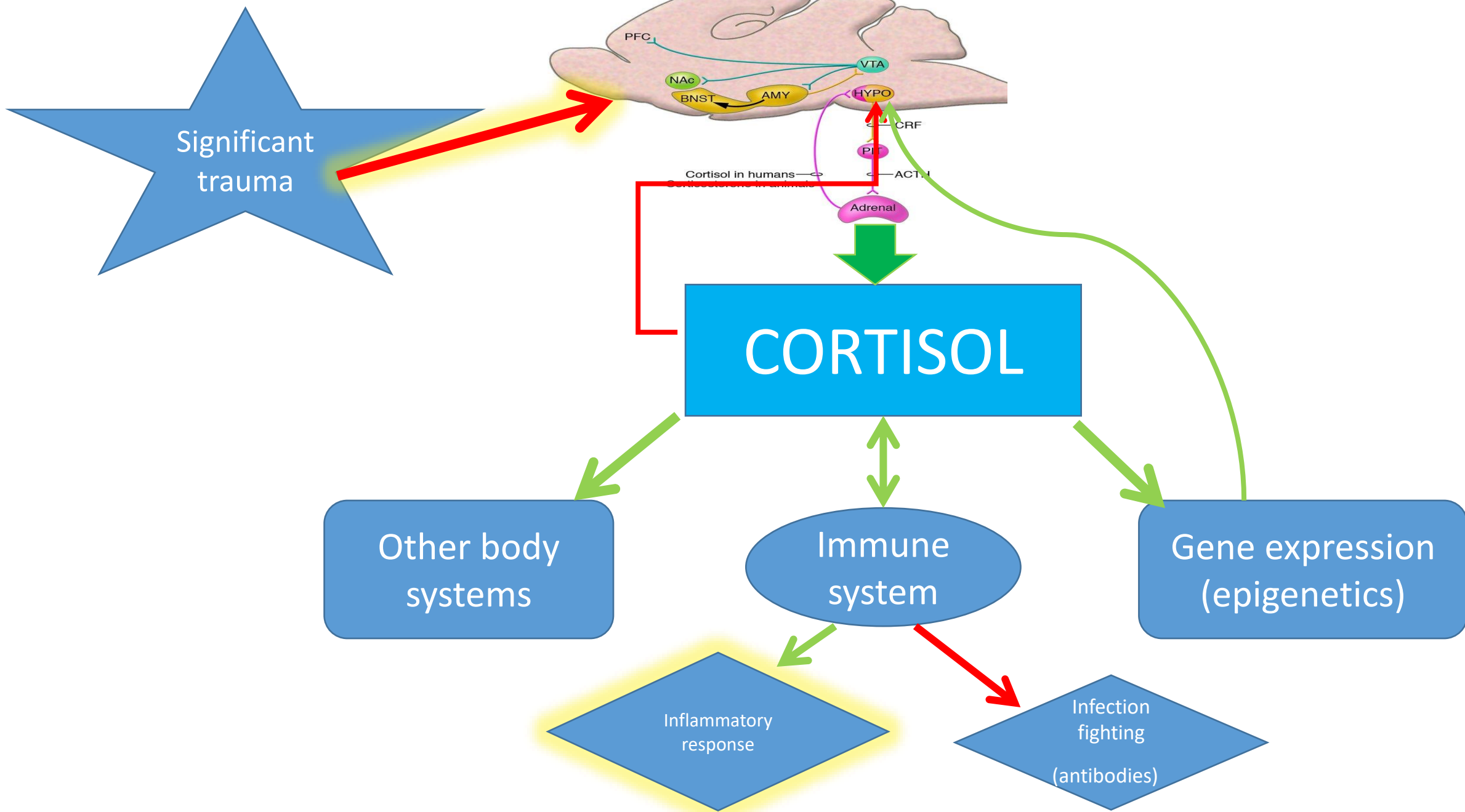
- ACE Surveillance in children
 - Since the last time I saw you (your child) has anything really scary or upsetting happened to you (your child) or anyone in your family?



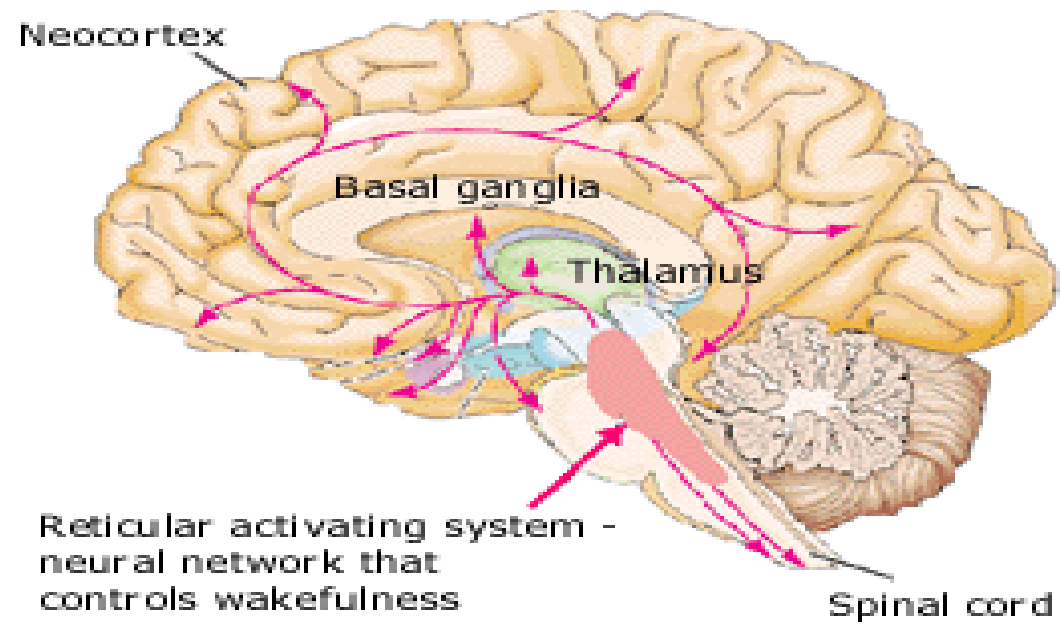
ACE Surveillance - children

More specific than single question

1. Are there any behavior problems with child at home or school?
2. Any dramatic changes in the child's mood or personality?
3. Has anyone gone or come from household lately?
4. Any problems with sleep or toileting or eating?
5. Has your child ever witnessed anyone being harmed at home or in the community?



Not sleeping



The child became dysregulated (traumatized) because of experience of being alone with unbearable fear



The other way to think of it that the child has had some of their resilience skills challenged

• Resiliency skills the **THREADS** of childhood:

• **Thinking and learning brain**

• **Hope**

→ • **Regulation or self control**

• **Efficacy**

• **Attachment**

→ • **Developmental skill mastery**

• **Social connectedness**



Will need to use the THREADS still available to you

- Resiliency skills the THREADS of childhood:

- Thinking and learning brain

- Hope

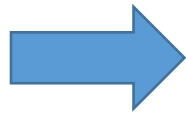
- Regulation or self control

- Efficacy

- Attachment

- Developmental skill mastery

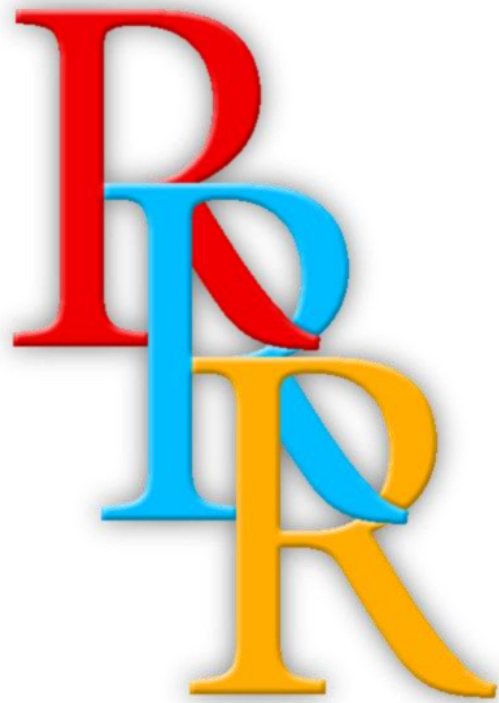
- Social connectedness



Look to a toolbox of skills to grow/repair each of the THREADS



Reassuring, Restoring Routine, Regulating



Reassuring



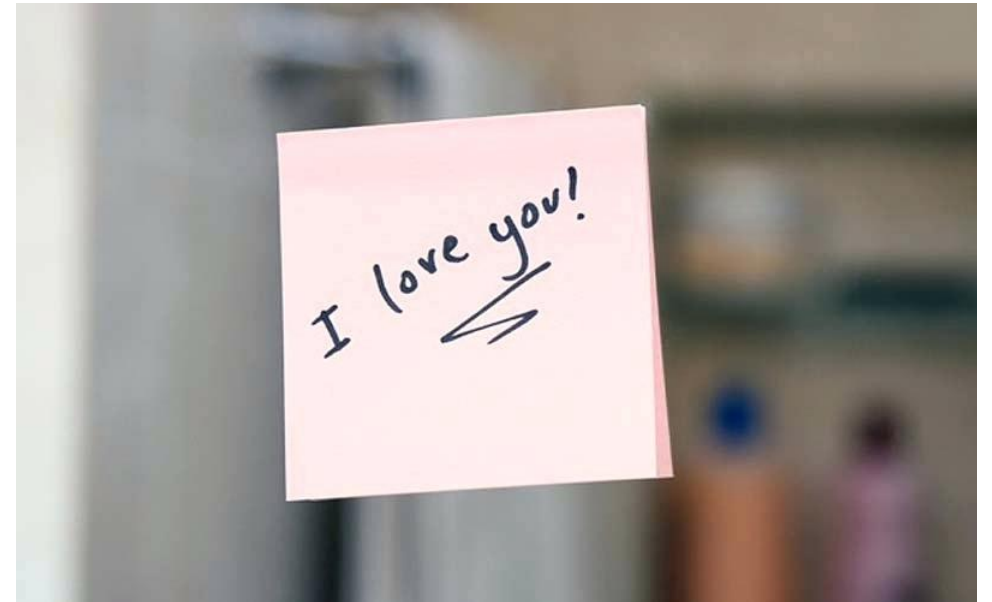
Routines Communicate Safety, Shutting Down Stress Response



Regulating: Psychological holding the mind in mind



Regulating through attachment and social connectedness



Suppose instead of sleep, the symptom is tantrums



For tantrums we often say (outside of trauma) ignore them, but kids who experienced trauma need more supports



What you are told about is the skills that are FRAYED

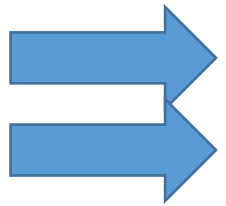
- **FRAYED** (and at the end of your rope)
 - **Fits, Frets and Fear**
 - **Restricted development**
 - **Attachment disorders**
 - **Yelling and yawning**
 - **Educational delays**
 - **Defeated**



The other way to think of it that the child has had some of their resilience skills challenged

• Resiliency skills the **THREADS** of childhood:

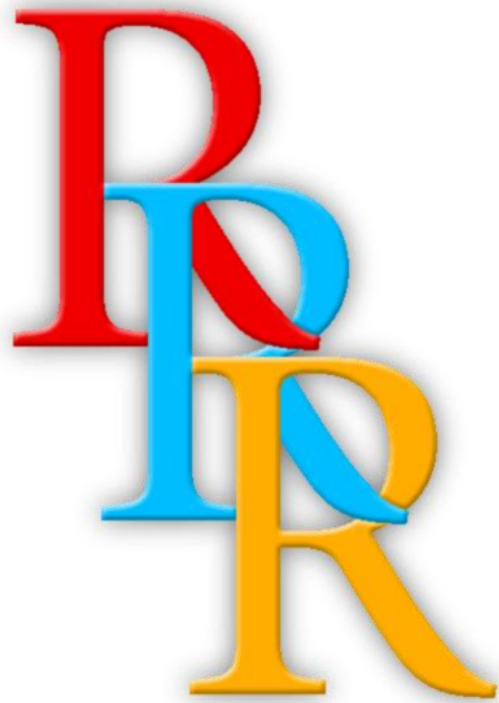
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Look to a toolbox of skills to grow/repair each
of the THREADS



Reassuring, Restoring Routine, Regulating



Reassurance: Caregivers Have To Model Calm Behavior Despite The Distress, Promotes Efficacy



Explaining role of caregiver as an emotional container

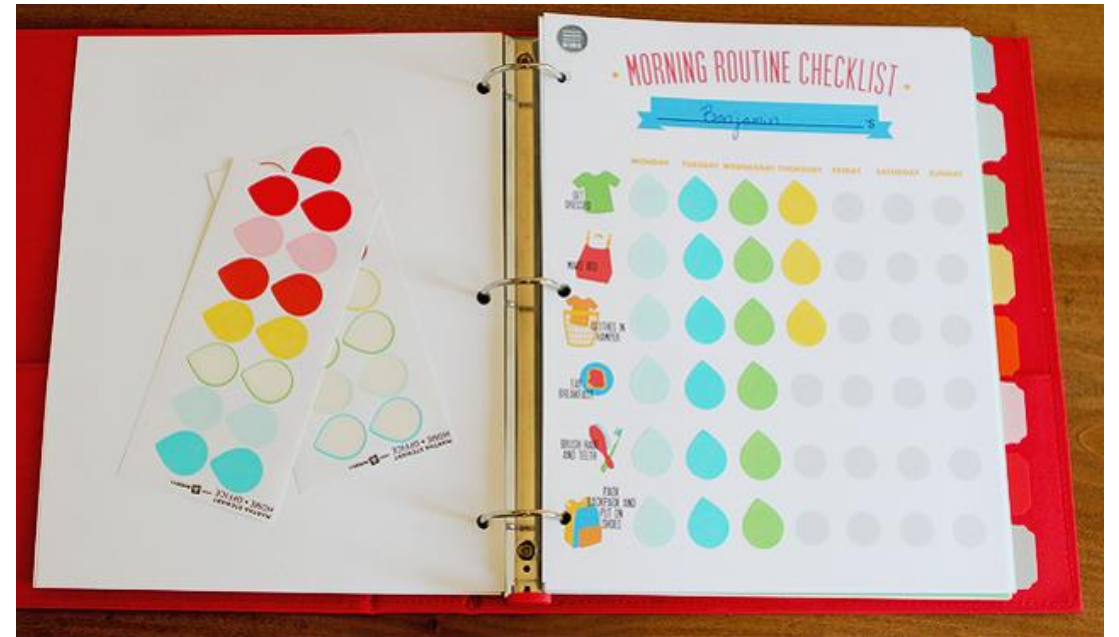


Reassurance: Provide predictable compassionate availability

- Tolerate strong emotions
- May act out with you
- but emotion not about you
- Respond calmly
- Help name feelings



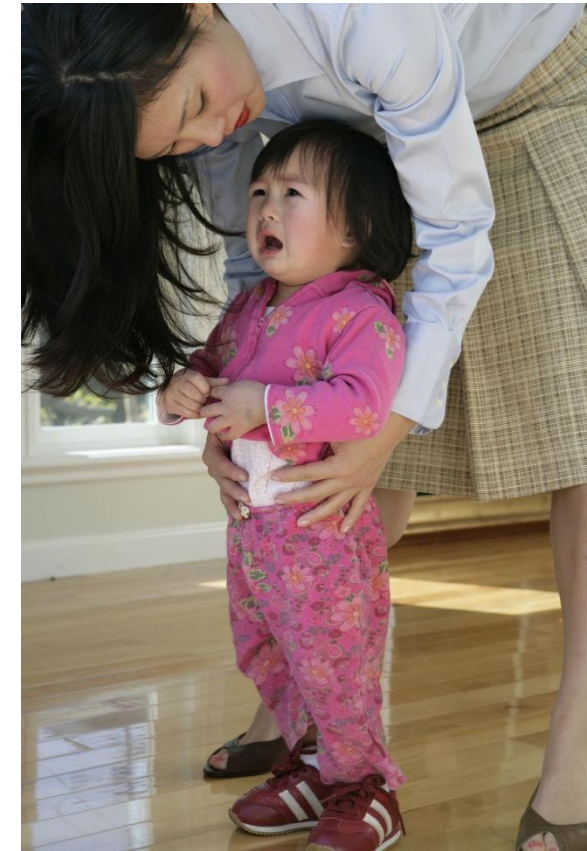
Restoring routine: Staying with routine limits dysregulation



Regulating: Calming the stress response



Regulation: That can look a little different depending on the age of the child



It starts with attachment and security, and that allows you to build (or rebuild) each of these

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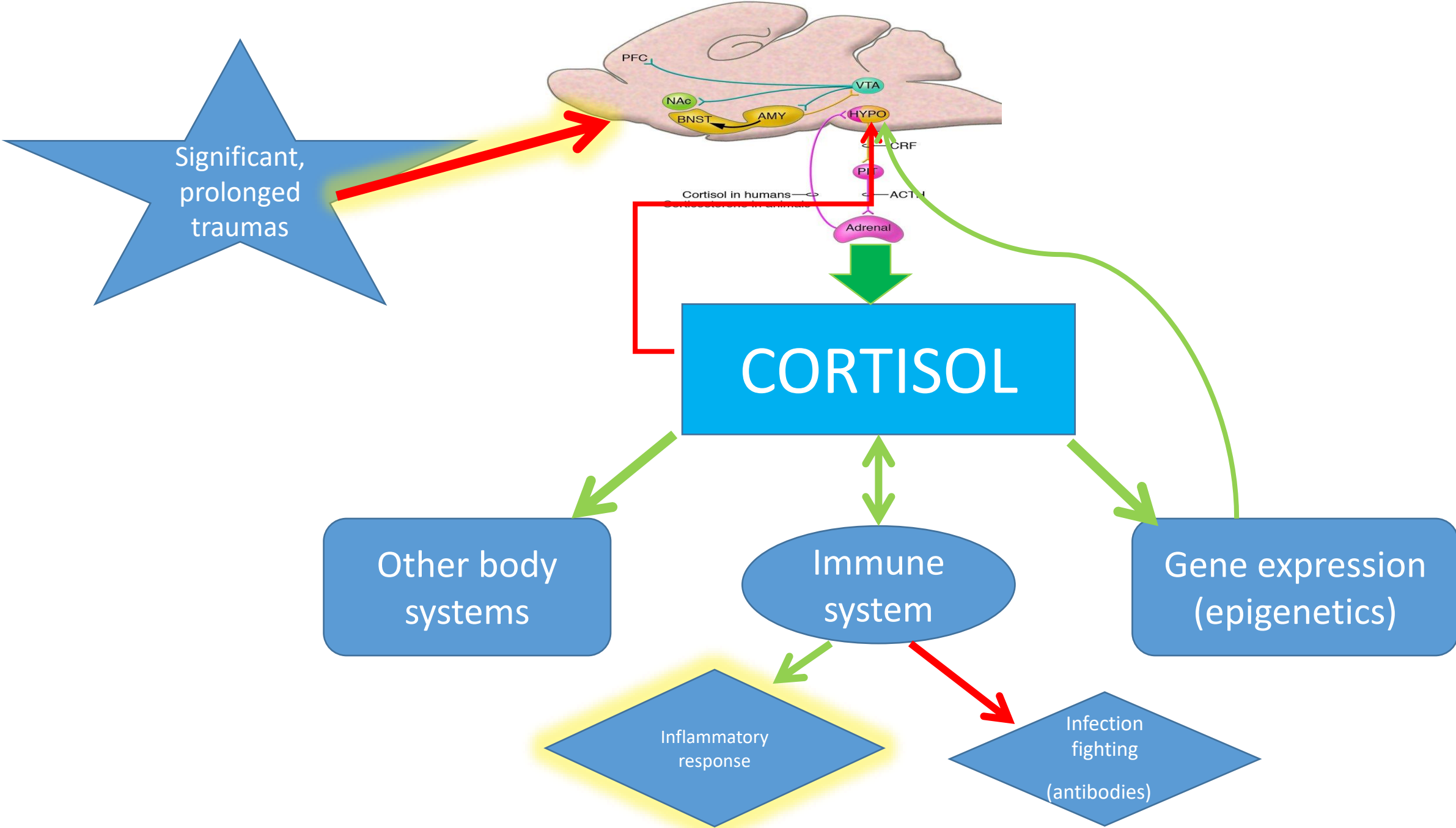


You're skeptical; cute mnemonic but won't work in cases that are more complicated....



Other end of the spectrum, child in foster care after experiencing DV, neglect, abuse

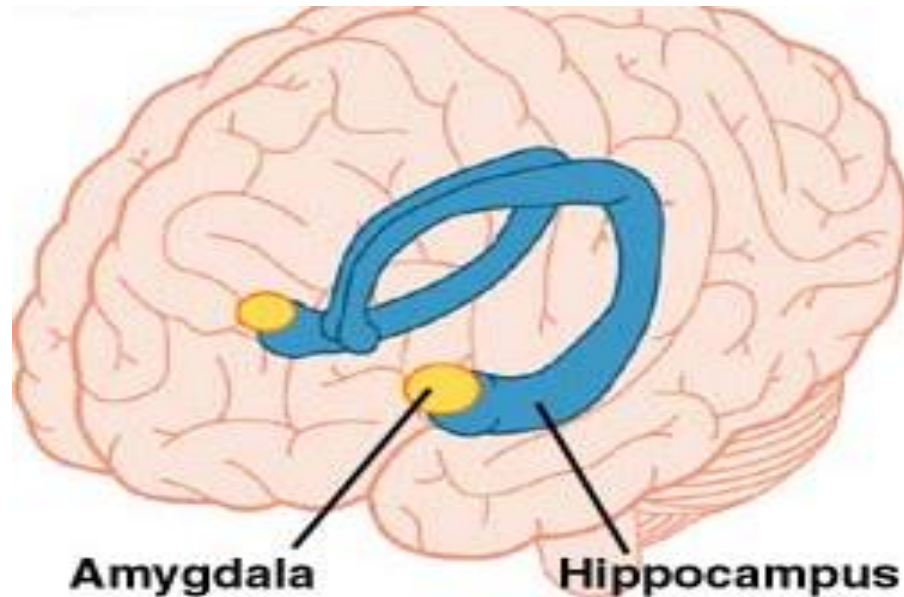




Neurobiology of Trauma

Amygdala

- Amygdala: Input from sensory, memory and attention centers
 - Emotional memory system =The brain's alarm system



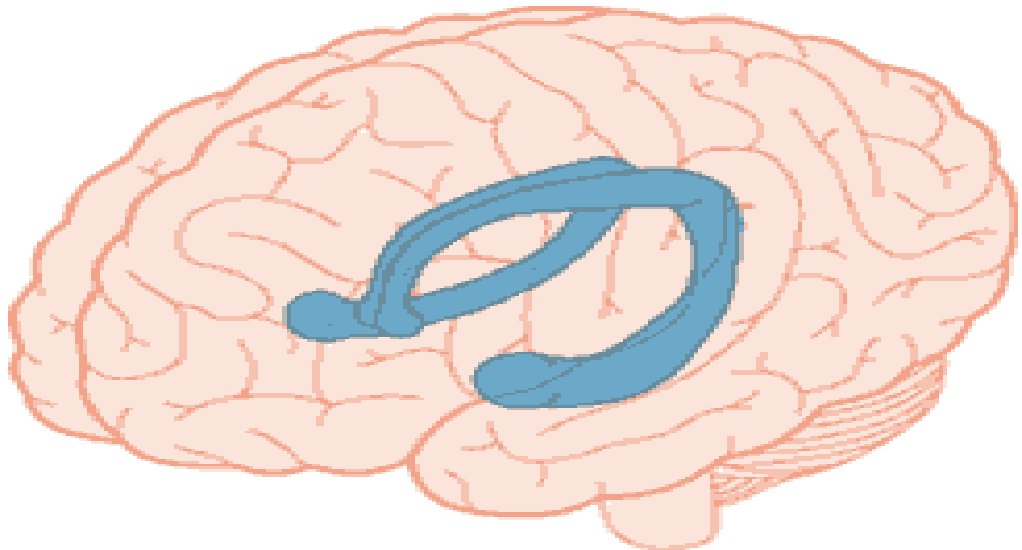
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Neurobiology of Trauma

Hippocampus

- Interface between cortex and lower brain areas.
- Major role in memory and learning.
 - The brain's file cabinet or search engine.



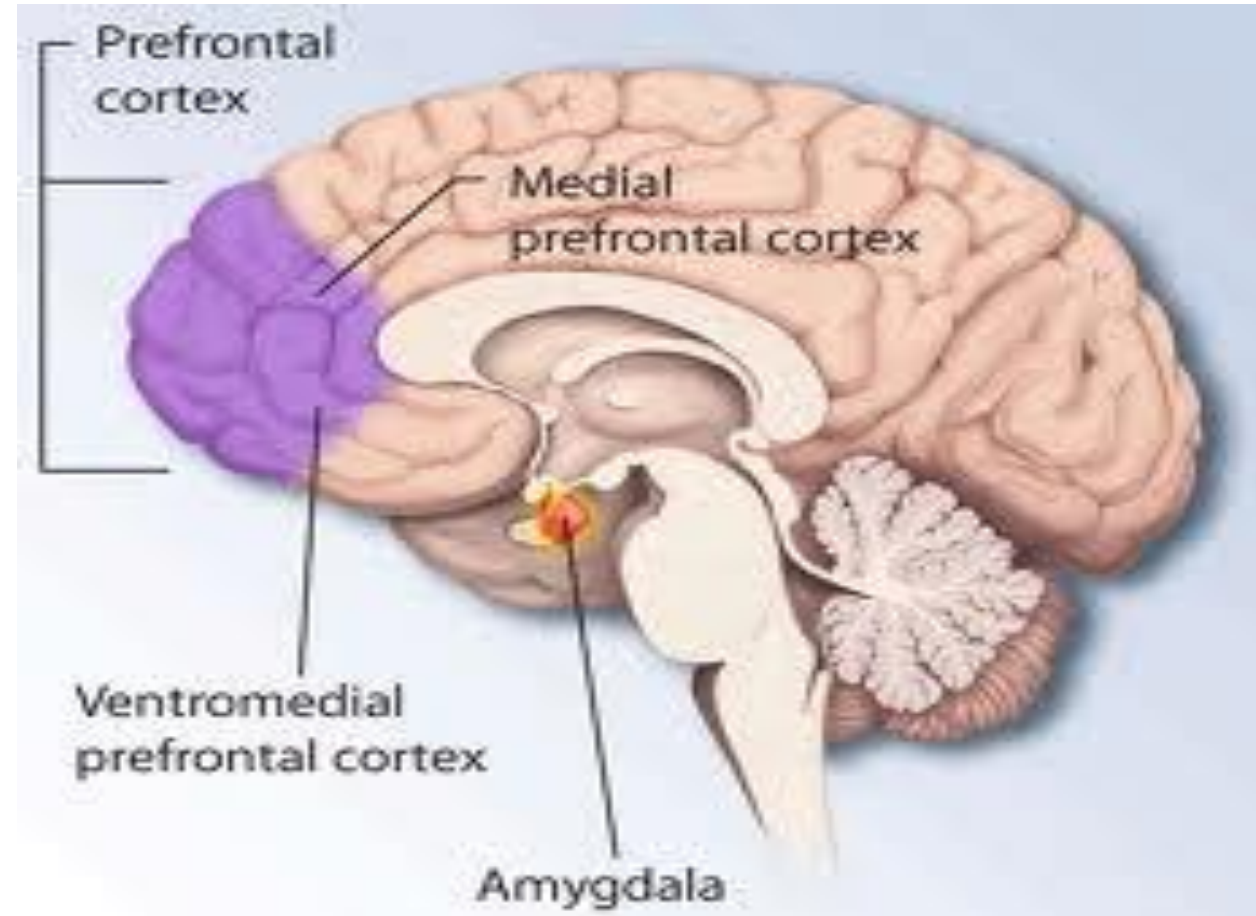
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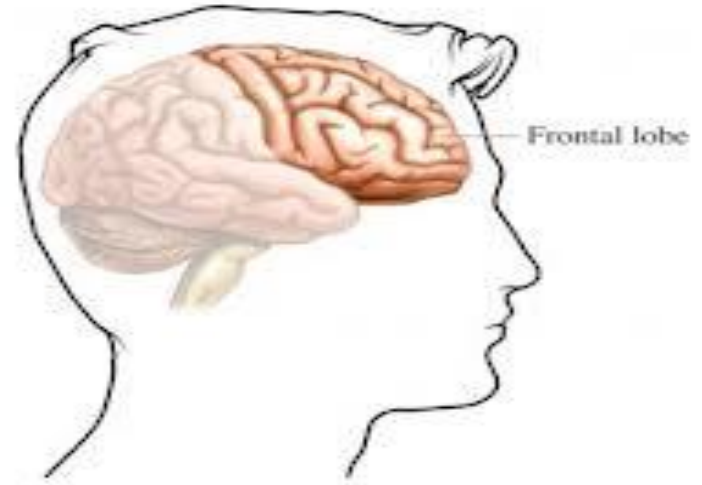
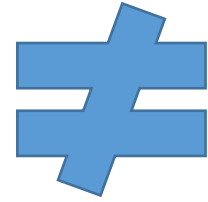
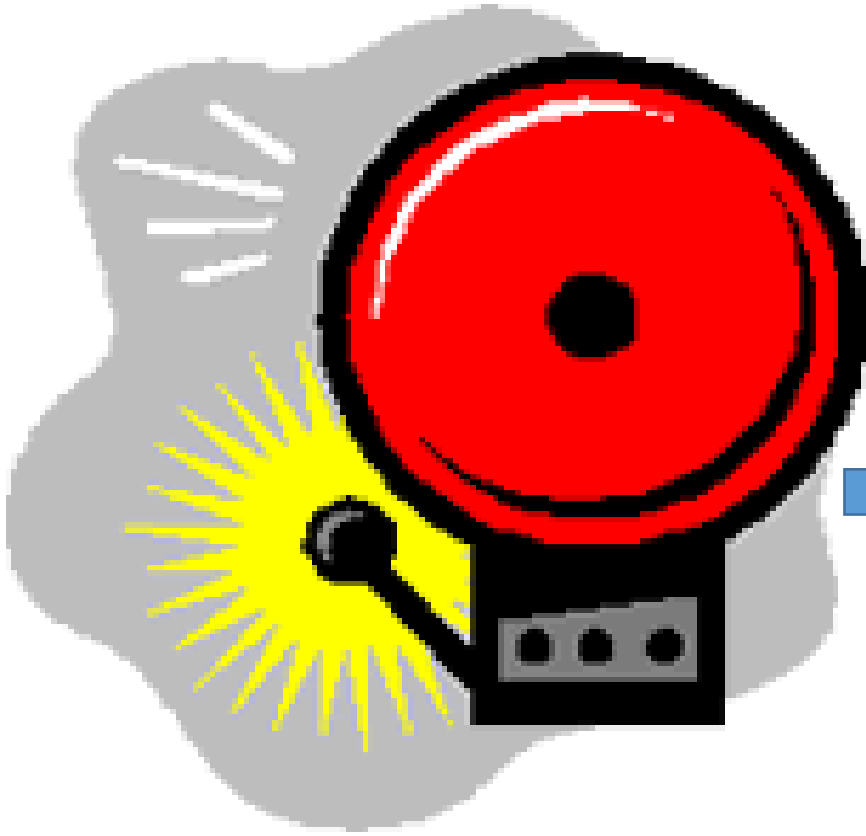


Neurobiology of Trauma

Prefrontal cortex

- Executive function
 - Impulse control
 - Working memory
 - Cognitive flexibility





What you are told about is many skills impacted, suggesting that the child is FRAYED

- **FRAYED (and at the end of your rope)**

- **Fits, Frets and Fear**
- **Regulation disorder**
- **Attachment disorders**
- **Yelling and yawning**
- **Educational delays**
- **Defeated**



Child comes with invisible suitcase because there was no predictable compassionate availability





Magic of resilience achieved with THREADS

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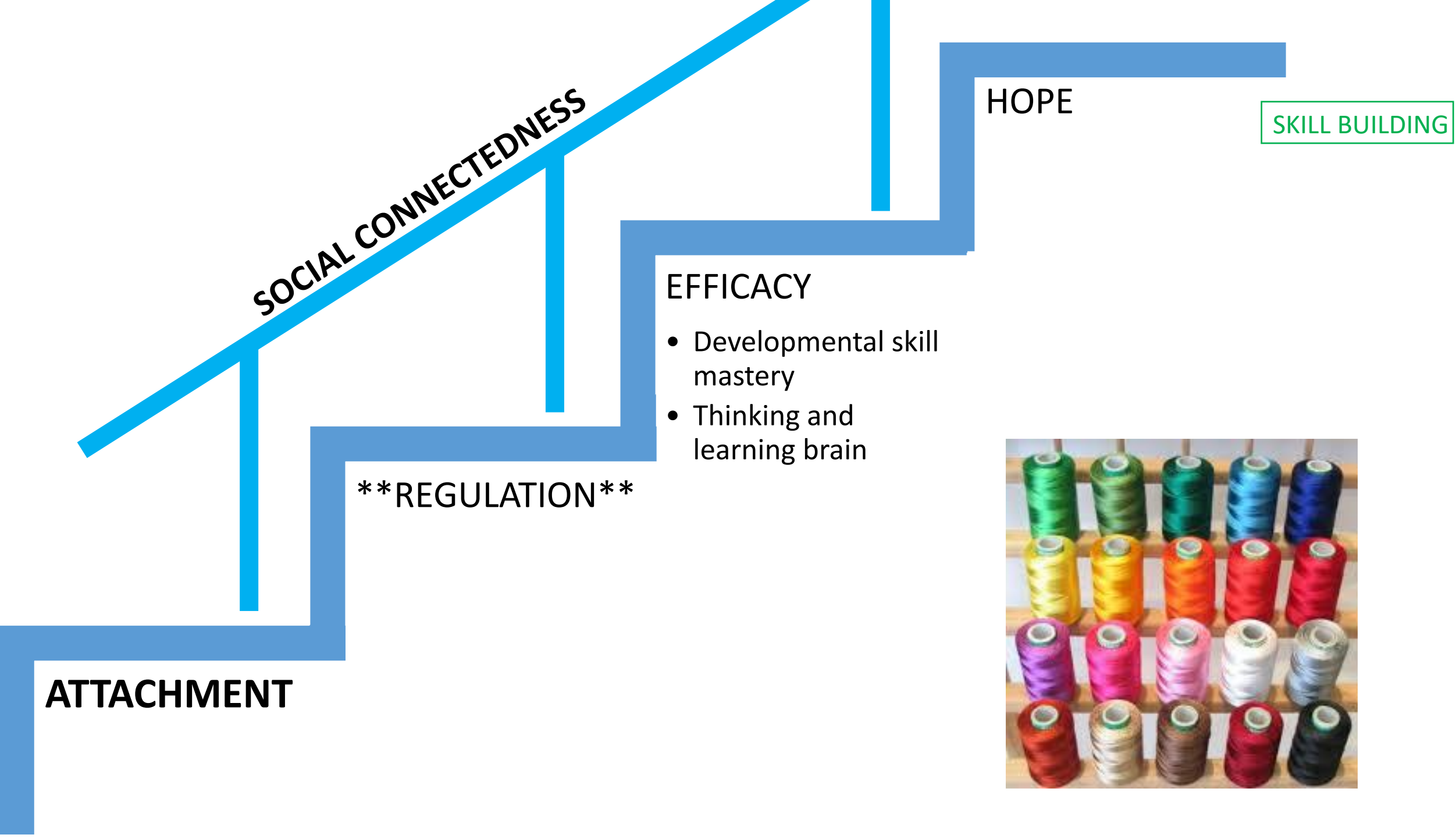
Resilience the result of 6 factors, but there is an order to these...

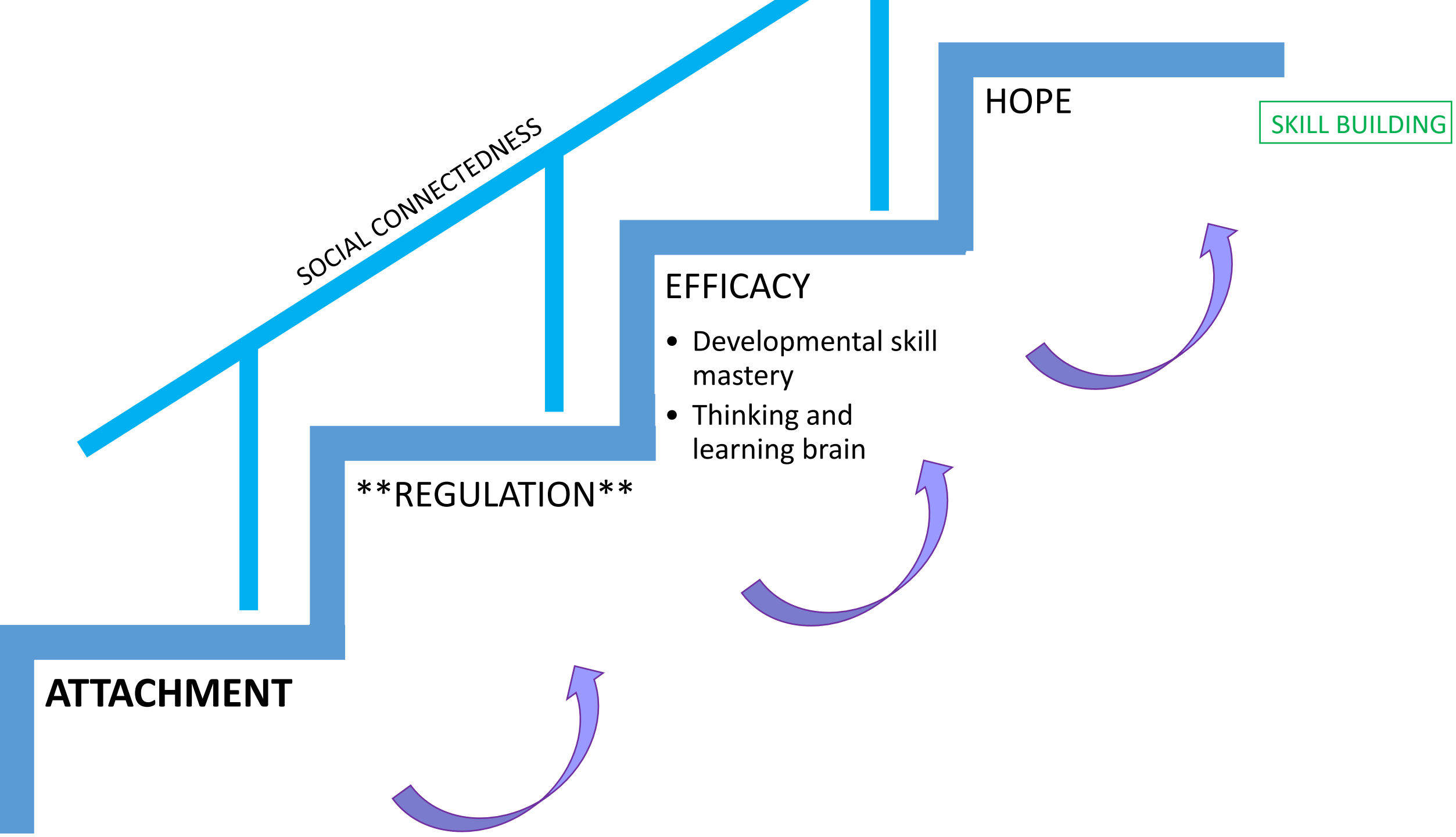
THREADS



- Hope
- Social connectedness
- Efficacy
- Thinking and learning brain
- Developmental skill mastery
- Regulation or self control
- **Attachment**







When so many things have happened the attachment to a predictable compassionate and available caregiver has been challenged

- **FRAYED (and at the end of your rope)**

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ATTACHMENT

SOCIAL CONNECTEDNESS

****REGULATION****

EFFICACY

- Developmental skill mastery
- Thinking and learning brain

HOPE

SKILL BUILDING

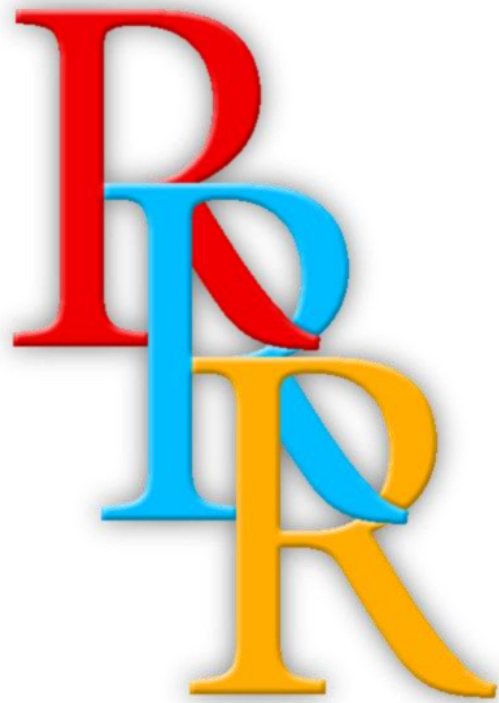




ATTACHMENT

- **S**afety and security
- **E**motional container
- Predictable compassionate **A**vailability
- Keeping **M**ind in mind

Reassuring, Restoring Routine, Regulating



Reassurance: Restores safety, predictable
compassionate availability

Danger

Routines of positive interactions: predictable
compassionate availability, emotional container

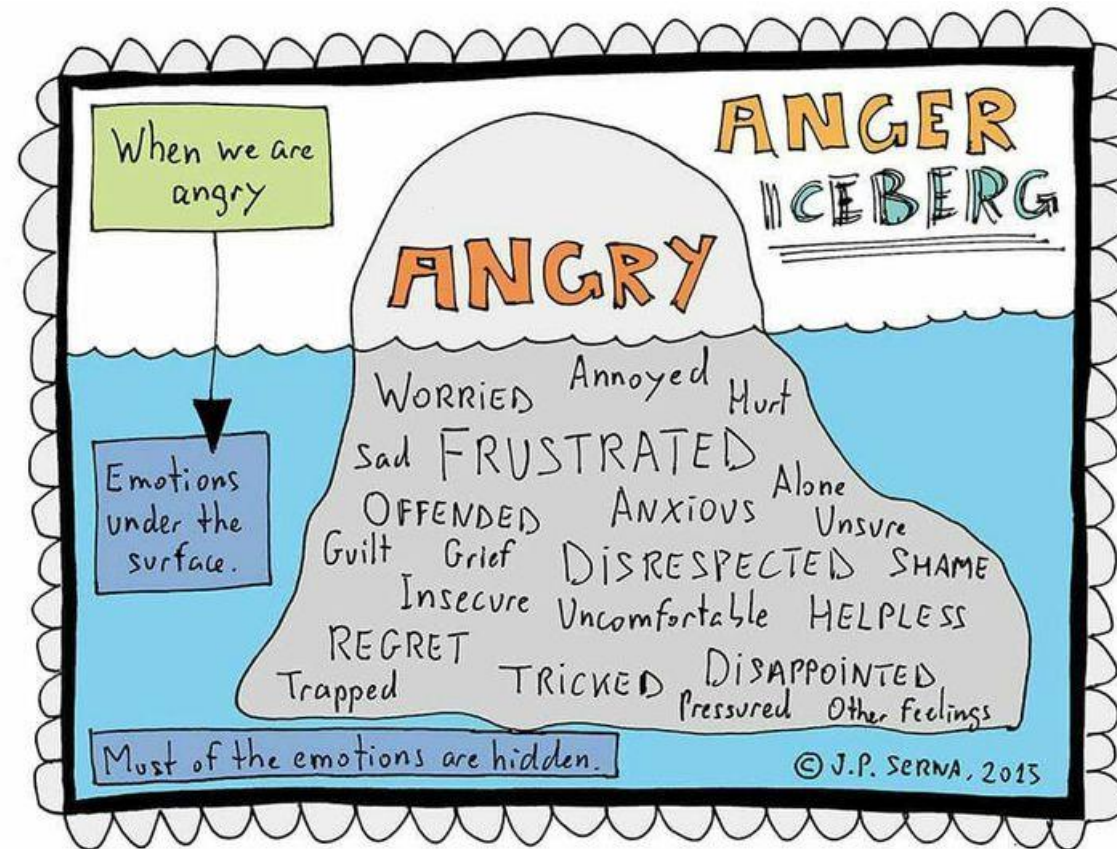


Regulation: Keeping the mind in mind

- Trauma limits self regulation, ability to describe feelings or internal states, and ability to communicate wishes and desires



Anger example



Confident
expectation
of recovery



Starting with attachment skills, we can pull in all THREADS to weave him back to health



Learning objectives

At the conclusion of this activity, the participant should be able to:

- Recognize the most common symptoms of trauma in children: **FRAYED**
- Identify seven resilience skills that should be supported in children: **THREADS**
- Formulate a strategy to respond to children who present with trauma symptoms: **Consider which THREADS are frayed, giving you the FRAYED symptoms; look for which THREADS are present to work with, and pull out your sewing kit to help child and family weave back to health**
- **BONUS** Define the 4 characteristics of a caregiving relationship necessary for healthy attachment: **safety (often communicated through routines), predictable compassionate availability, caregiver as emotional container, caregiver keeping the mind in mind**